FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE\$

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A28707**

TILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP -8 AM 9: 19



NATIONAL CAN WASH, LIL	J.				
Mailing Address	Principal Office Address			5a. Capital Contributions as Shown on record.	
1924 33RD STREET ORLANDO FL 32838	1924 33RD STREET ORLANDO FL 32839		08/01/1989 3a. Date of Last Report 04/08/1997	\$285.00	
2. Mailing Address	28. Principal Office Address	28. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable \$8.75 Additional Fee Required	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee Information	
9. Name and Address of C	urrent Registered Agent	1	10, If changed, new Register	ed Agent/Office	
JOE POZO JR. 1924 33RD STREET		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
ORLANDO FL 32839		Suite, Apt. #.			
		City		Zip Code	
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the obli-	ice or registered agent, or both, in the State of F		ership organized or registered under the laws of nge was authorized by its general partner(s). I he		
SIGNATURE (Registered Agent Accepting Appointme		1444756	DATE OF COLUMN CONTRACT		
A GENERAL PARTNER TH	UST BE REGISTERED A	ND ACTIV	/ PARTNERSHIP OR OTH /E WITH THIS OFFICE.	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gen (Do NOT Use Post Office	eral Partner Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
P.A.P., INC.	1924 33RD STREET	1924 33RD STREET		K99292	
				2899627 0/9701124003 58.250****156.25	
				9-10	
Note: General partners MAY	NOT be changed on this for	m; an am	endment must be filed to ch	ange a general partner	
12. I do hereby certify that the information supplied	with this filing is voluntarily furnished and does	not qualify for the	exemption stated in Section 119.07(3)(k), Fiorid	a Statutes. I release the Division of	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliances with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on his annual report is true and accurate any limit my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee impowered to execute this report as equired by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Pariner Signing Form

Salon Wall

Daytime Telephone Number

402 42814